

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/2/2016 10:50 AM Fee Receipt: \$50.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3400

Articles of Incorporation
Professional Service Corporation

KPS

(502) 564-3490 www.sos.ky.gov						
		the undersigned applies to qualify an		bmits the foll	owing statemen	ts:
Article I: The name of the cor	poration is Kathe	rine L. Whitaker, DMD, PS	C			
		s authorized to issue is 1000				
		orporation's initial registered agent an	nd office in Kentucky	is		
	erine L. Whitaker, DMD 112 East Daugherty Avenue		Bardstown			40004
Name		lo Post Office Box Numbers)	City	State		Zip Code
Article IV: The mailing address	ss of the corporation	n's principal office is				
112 East Daugherty Avenue			Bardstown	KY		40004
Street Address or Post Office Box Number			City	State		Zip Code
Article V: The profession to b	e practiced through	the professional service corporation	is dentistry			
		e original shareholders of the profess		ation are:		
Katherine L. Whitaker, DMD			Bardstown			40004
Name	Street Address		City	State		Zip Code
Name	Street Address		City	State	7/////	Zip Code
Name	Street Address		City	State		Zip Code
Article VII: The name and stre	et address of the in	corporator is as follows:				
Katherine L. Whitaker, DMD	112 East Dat	ugherty Avenue	Bardstown		KY	40004
Name	Street Address or	Post Office Box Number	City	City		Zip Code
Name	Street Address or	r Post Office Box Number	City	City		Zip Code
Name	Street Address or	r Post Office Box Number	City	,	State	Zip Code
qualified person within the me	aning of this chapte I be effective upon	filing, unless a delayed effective date The date and/or time is		ded. The effe		
I/We declare under penalty of	periury under the la	aws of the state of Kentucky that the	foregoing is true and	correct.		
day dul				Owner-Incorporator		1/28/16
Signature of Incorporator		Printed Name Title			Date	
I, Katherine L. Whitak		, consent to sen	ve as the registered	agent on beh	alf of the corpor	ration.
Say Sun		Katherine L. Whitaker, DMD		Owner		1/28/16
Signature of Registered Agent		Printed Name	Title	Title		Date
(01/12)						